

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to WRC PENNSYLVANIA MEMORIAL HOME
LEGAL ENTITY

To operate LAURELBROOKE PERSONAL CARE
NAME OF FACILITY OR AGENCY

Located at 133 LAURELBROOKE DRIVE, BROOKVILLE, PA 15825
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 50
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.
(MAXIMUM CAPACITY)

Restrictions: Secure Dementia Care Unit - 55 Pa. Code §§ 2600.231-239 - Capacity 20

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa. Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from March 2, 2012 until March 2, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 424630

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

APR 06 2012

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Frances Roebuck Kuhns, President/CEO
WRC Pennsylvania Memorial Home
985 Route 28
Brookville, Pennsylvania 15825

RE: Laurelbrooke Personal Care
133 Laurelbrooke Drive
Brookville, Pennsylvania 15825

Dear Ms. Kuhns:

As a result of the Department of Public Welfare's licensing inspection on February 14, 2012 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

The license indicates the home's recent change in the name from Laurelbrooke Assisted Living to Laurelbrooke Personal Care.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in cursive script that reads "Ronald Melusky".

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATES (Include all dates of the inspection) 02/14/2012		REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		DATE MAR 19 2012
SIGNATURE OF LEGAL ENTITY <i>Cathy [unclear]</i>		DATE 3-15-12
REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION		DATE 3-26-12
ADULT RESIDENTIAL LICENSING		

Western Region

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization	Resident #1's medical evaluation, dated 10/26/11, does not include frequency for the following medications: Amlodipine 5mg, Asorbic 500mg, Avapro 150mg, Bumetanide 1mg, Cranberry extract 425mg, Folic acid, Nasonex 50mg, Pantoprazole 40mg, Simvastatin 40mg, and Thiamine HCL 100mg . Repeated Violations: 01/05/2011	<p>Doctor reviewed medication and verified accuracy. See attachment 3-3.6.</p> <p>Staff was educated on this regulation. See attachment 1.</p> <p>Audit was performed house-wide and will be done monthly for 3 months, then quarterly ongoing. See attachment 2-2.1</p> <p>All audits will be performed by Administrator or Nurse.</p>	<p>Steps have been taken to correct violation; full compliance is not verifiabl.</p> <p>7-26-12 Date</p> <p>[Signature] Initials (DPV)</p>

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATES (Include all dates of the inspection) 02/14/2012	REGIONAL REPRESENTATIVE Joseph Phillips, Aiden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Adult Residential Licensing		DATE MAR 19 2012
SIGNATURE OF LEGAL ENTITY <i>Patty New</i>	DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.			

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATES (Include all dates of the inspection) 02/14/2012	Western Region		REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE representatives produce the plan)	SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Adult Residential Licensing		
SIGNATURE OF LEGAL ENTITY <i>Cathy Reed</i>	DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-26-12

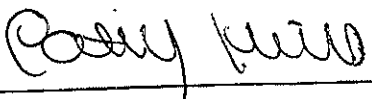
REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
144c1 If smoking is permitted, the designated smoking room or area outside the home shall have fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, fire resistant furniture and fire extinguishers.	The home's designated smoking area located to the right of the main entrance has three chairs with combustible cushions by the ash tray. Repeated Violations: 01/05/2011	Cushions were removed and area was posted. Attachment #4. Staff was educated on this regulation. See Attachment #1. Audits were performed. Will be done weekly for 4 weeks, then monthly ongoing. See attachment #5. All audits will be performed by Administrator or Nurse.	Steps have been taken to correct violation; full compliance is not verifiable 3-26-12 Date Initials (DPW)

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBRIDGE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATES (Include all dates of the inspection) 02/14/2012	REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart MAR 19 2012	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)	Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Patty King</i>	DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
187a A medication record shall be kept to include the following for each resident for whom medications are administered: (1) Resident's name. (2) Drug allergies. (3) Name of medication. (4) Strength. (5) Dosage form. (6) Dose. (7) Route of administration. (8) Frequency of administration. (9) Administration times. (10) Duration of therapy, if applicable. (11) Special	The February 2012 medication administration record for resident #3 does not include a diagnosis or purpose for Prolia 60mg/ml and Warfarin 4.5mg.	This was added to the Medication Administration Record. See attachment 6-6.4. Staff was educated on this regulation. See attachment #1. Audit was performed housewide. Will be done monthly for 3 months then quarterly ongoing. See attachment 2-21. All audits will be performed by Administrator for Nurses	3-26-12 g

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATES (Include all dates of the inspection) 02/14/2012		REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		MAR 19 2012 Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY 		DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION
			DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
precautions, if applicable. (12) Diagnosis or purpose for the medication, including pro re nata (PRN). (13) Date and time of medication administration. (14) Name and initials of the staff person administering the medication.			

VIOLATION REPORT
 PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAURELBROOKE DRIVE BROOKVILLE, PA 15825		CURRENT LICENSE NUMBER 424630
INSPECTION DATES (Include all dates of the inspection) 02/14/2012	REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart	CORRECTION (Required on FIRST PAGE only unless multiple)
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF representatives produce the plan)	Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Cathy New</i>	DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	The pre-admission screening form for resident #2, admitted 3/28/11, does not include a date when the pre-admission screening was completed.	<p>Dr. was notified and date was verified. See attachment 7-7.2</p> <p>Staff was educated on this regulation. See attachment #1.</p> <p>Audit was performed housewide and will be done monthly for 3 months, then quarterly ongoing. See attachment 2-2.</p> <p>All audits will be performed by Administrator or nurse.</p>	3-26-12g

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME LAURELBROOKE ASSISTED LIVING, 133 LAUREL BROOKE DRIVE, WEST CHESTER, PA 15825		CURRENT LICENSE NUMBER 424630	
INSPECTION DATES (Include all dates of the inspection) 02/14/2012	Western Region MAR 19 2012	REGIONAL REPRESENTATIVE Joseph Phillips, Alden Linhart	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan)		Adult Residential Licensing	
SIGNATURE OF LEGAL ENTITY <i>Cathy New</i>	DATE 3-15-12	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 3-26-12

REGULATION 55 Pa.Code §2600	VIOLATION	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
<p>231b A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.</p>	<p>Resident #2's medical evaluation, dated 3/28/11, does not include a medical history, medical diagnosis, and does not indicate the resident's need for specialized care in a Secured Dementia Care Unit were the resident currently resides.</p>	<p><i>Doctor was notified and information was verified. See attachment 8-8.3.</i></p> <p><i>Staff was educated on this regulation. See attachment #1.</i></p> <p><i>Audit was completed housewide and will be done monthly for 3 months, then quarterly ongoing. See attachment 2-21.</i></p> <p><i>All audits will be performed by Administrator or Nurse.</i></p>	<p><i>3-26-12</i></p>